

Case Number:	CM14-0054655		
Date Assigned:	07/07/2014	Date of Injury:	02/17/2010
Decision Date:	09/03/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 63-year-old male with an injury date of 02/17/2010. According to the 10/07/2013 progress report, the patient complains of lower back pain. In regards to the lumbar spine, the patient has a decreased range of motion for flexion and extension. Paraspinous muscle tenderness is also found on the left side without spasm. The patient is currently taking diclofenac sodium and Temazepam. The patient's diagnoses include the following spinal stenosis - lumbar; lumbar/lumbosacral disk degeneration; sacroiliitis; and myalgia and myositis. The request is for Temazepam 30 mg at bedtime (qhs) #90. The utilization review determination being challenged is dated 04/17/2014. There was one treatment report provided from 10/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Temazepam 30mg QHS #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 10/07/2013 progress report, the patient complains of lower back pain. The request is for Temazepam 30 mg at bedtime (qhs), #90. MTUS Guidelines page 24 state "Benzodiazepines are not recommended for long term use because long term efficacy is unproven and there is a risk of dependence. Most Guidelines limit use to 4 weeks." In this case, the treater has requested for #90 tablets of Temazepam, a 3-month supply, which exceeds the 4-week limitation set by MTUS. Recommendation is not medically necessary.